

SAFETY ENHANCEMENT FORM



Name (Optional): _____

Department (Optional): _____

Received by: _____

Department Forwarded to: _____

Time and Date: _____

Location Concerned: _____

Problem Identified: _____

MANAGEMENT ONLY:

Please use backside of this page and/or any additional pages as needed.

Corrective Action: _____

Date Corrected: _____

Correcting Department: _____

Department Supervisor/Head: _____

cc: JLMC Chairperson, Town Administrator and Reporting Author

Date Created: 7/1/2014